



# SmartPA Criteria Proposal

Drug/Drug Class:	Nonsteroidal Anti-Inflammatory Drugs (NSAIDs), Ophthalmic PDL Edit	
First Implementation Date:	November 30, 2006	
Revised Date:	July 6, 2023	
Prepared For:	MO HealthNet	
Prepared By:	MO HealthNet/Conduent	
Criteria Status:	⊠Existing Criteria	
	☐ Revision of Existing Criteria	
	□New Criteria	

#### Executive Summary

Purpose: The MO HealthNet Pharmacy Program will implement a state-specific preferred drug list.

Why Issue Selected:

The ophthalmic NSAID agents are believed to inhibit the cyclooxygenase enzyme that is essential in the biosynthesis of prostaglandins. They reduce ophthalmic inflammation when applied topically in the eye for the treatment of various ophthalmic conditions. These agents are effective for the prophylaxis and treatment of ocular conditions including non-infectious inflammation, inhibition of intraoperative miosis, pain and healing following cataract and refractive surgery, and allergic conjunctivitis. Their safety and efficacy for treatment of ocular inflammatory conditions, especially those that result in postoperative ocular pain, inflammation, and edema have been well documented in clinical studies.

Total program savings for the PDL classes will be regularly reviewed.

# Program-Specific Information:

Preferred Agents	Non-Preferred Agents
Diclofenac	Acular <sup>®</sup>
Flurbiprofen Sodium	Acular LS®
Ketorolac Opth	Acuvail®
	Bromfenac
	BromSite®
	Ilevro®
	Nevanac <sup>®</sup>
	Prolensa®

Type of Criteria: ☐ Increased risk of ADE ☐ Preferred Drug List ☐ Appropriate Indications ☐ Clinical Edit

Data Sources: ☐ Only Administrative Databases ☐ Databases + Prescriber-Supplied

## **Setting & Population**

- Drug class for review: Nonsteroidal Anti-Inflammatory Drugs (NSAID), Ophthalmic
- Age range: All appropriate MO HealthNet participants

#### **Approval Criteria**

- Failure to achieve desired therapeutic outcomes with trial on 3 or more preferred agents
  - Documented trial period of preferred agents OR
  - Documented ADE/ADR to preferred agents

#### **Denial Criteria**

- Lack of adequate trial on required preferred agents
- Therapy will be denied if all approval criteria are not met

Required Documentat	ion	
Laboratory Results: MedWatch Form:	Progress Notes: Other:	

### **Disposition of Edit**

Denial: Exception Code "0160" (Preferred Drug List) Rule Type: PDL

#### **Default Approval Period**

1 year

#### References

- Evidence-Based Medicine and Fiscal Analysis: "Therapeutic Class Review: OPHTHALMIC: NSAIDS", Gainwell Technologies; Last updated February 12, 2023.
- Evidence-Based Medicine Analysis: "Ophthalmic Nonsteroidal Anti-inflammatory Drugs (NSAIDs)", UMKC-DIC; Last updated November 2022.
- USPDI, Micromedex; 2023.
- Facts and Comparisons eAnswers (online); 2023 Clinical Drug Information, LLC.